



RTCR Level 1 Assessment Form

PWSID Name		PWS #	
Date Assessment Completed			
INSTRUCTIONS			
<p>In Section A <u>review and evaluate</u> the listed elements typically found in a PWS. Check (✓) all elements reviewed and describe any issues identified and if any potential causes of contamination were identified. If potential causes were identified, describe the corrective actions taken and the date of work completed. Check (✓) "No issues" if potential causes of contamination were not identified, or check (✓) "NA" if the section is not applicable to the PWS.</p> <p>Return this form within 30 days from Notification letter date.</p>			
SECTION A			
1. GENERAL		Issue Description	Corrective Action taken and date
<p>Sanitary Survey Info: Date of last Sanitary Survey ____/____/____</p> <p>Any significant deficiencies, sanitary defects, or recommendations made in last Sanitary Survey?</p> <p><input type="checkbox"/> No issues <input type="checkbox"/> Issue(s) identified _____</p> <p>Have these been corrected?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Brief explanation _____</p>			
<p>Have any of the following occurred at sample sites prior to collection bacteria samples?</p> <p><input type="checkbox"/> low/inadequate disinfectant residual <input type="checkbox"/> loss of pressure (<20 psi)</p> <p><input type="checkbox"/> operation/maintenance activities <input type="checkbox"/> visible indicators of unsanitary conditions</p> <p><input type="checkbox"/> firefighting event/flushing/sheared hydrant <input type="checkbox"/> water quality parameters out of range</p> <p><input type="checkbox"/> signs of vandalism/forced entry <input type="checkbox"/> Other _____</p>			
2. OPERATIONAL CHANGES		<input type="checkbox"/> No issues <input type="checkbox"/> N/A	
<p><input type="checkbox"/> potential source of contamination <input type="checkbox"/> new source</p> <p><input type="checkbox"/> change in operator <input type="checkbox"/> other: _____</p>			
3. SAMPLING SITES		<input type="checkbox"/> No issues <input type="checkbox"/> N/A	
<p><input type="checkbox"/> unclear or unsuitable sample tap <input type="checkbox"/> change in conditions at sample site</p> <p><input type="checkbox"/> hot water intrusion <input type="checkbox"/> other: _____</p>			
4. SAMPLING PROTOCOL		<input type="checkbox"/> No issues <input type="checkbox"/> N/A	
<p><input type="checkbox"/> improper sample container <input type="checkbox"/> inadequate tap flushing</p> <p><input type="checkbox"/> aerator was not removed <input type="checkbox"/> sample cooler unsanitary</p> <p><input type="checkbox"/> autosensing faucet/swivel-type faucet <input type="checkbox"/> other: _____</p>			
5. TREATMENT PROCESS		<input type="checkbox"/> No issues <input type="checkbox"/> N/A	
<p><input type="checkbox"/> treatment added or changed <input type="checkbox"/> recent installation/repair</p> <p><input type="checkbox"/> inadequate disinfection <input type="checkbox"/> O&M procedures not followed</p>			

<input type="checkbox"/> turbidity measurements out of range	<input type="checkbox"/> change in flow rates		
<input type="checkbox"/> interruption in treatment/power loss	<input type="checkbox"/> other:		
6. DISTRIBUTION SYSTEM		<input type="checkbox"/> No issues	<input type="checkbox"/> N/A
<input type="checkbox"/> power loss	<input type="checkbox"/> pump station issues		
<input type="checkbox"/> standing water/debris in valve vault	<input type="checkbox"/> pump or valve failure		
<input type="checkbox"/> improper surge control	<input type="checkbox"/> improper operation of air-relief/air-vacuum valves		
<input type="checkbox"/> main breaks/leaks	<input type="checkbox"/> new mains or construction activity		
<input type="checkbox"/> illegal use of hydrants	<input type="checkbox"/> unprotected cross connection		
<input type="checkbox"/> captive air tank issues	<input type="checkbox"/> other:		
7. STORAGE TANKS		<input type="checkbox"/> No issues	<input type="checkbox"/> N/A
<input type="checkbox"/> improper maintenance practices	<input type="checkbox"/> security issues		
<input type="checkbox"/> presence of dead animals/insects	<input type="checkbox"/> hatch not sealed		
<input type="checkbox"/> incorrect operation of level control/altitude valves	<input type="checkbox"/> deterioration or breaches in vent, screen, hatch, overflow		
<input type="checkbox"/> low disinfection residual	<input type="checkbox"/> other:		
8. SOURCE(S)		<input type="checkbox"/> No issues	<input type="checkbox"/> N/A
Ground water, Surface Water or Spring Supply			
<input type="checkbox"/> defective or damaged well cap/well seal	<input type="checkbox"/> damaged well casing	<input type="checkbox"/> poorly maintained spring box	
<input type="checkbox"/> floodwater, rapid snowmelt or run-off inundation	<input type="checkbox"/> inadequate air gap	<input type="checkbox"/>	
<input type="checkbox"/> damaged or unscreened vent	<input type="checkbox"/> potential source of contamination	<input type="checkbox"/>	
<input type="checkbox"/> missing or damaged grout seal	<input type="checkbox"/> changes in sources	<input type="checkbox"/>	
<input type="checkbox"/> unprotected opening in pump/pump assembly	<input type="checkbox"/> power outage	<input type="checkbox"/>	
<u>Consecutive Connection/Water Hauler</u>			
<input type="checkbox"/> wholesale PWSID # _____ Name _____			
<input type="checkbox"/> issues identified with water transport/delivery <input type="checkbox"/> other:			

Name: _____

Title: _____

Phone #: _____ Email: _____

Date: _____

Please return this form to: DEQ Public Water Supply Program, ATTN: RTCR Rule Manager, PO Box 200901, Helena, MT 59620-09901; Fax 406-444-1374; Phone 406-444-4400; email DEQRTCRL12@mt.gov

Reserved for State	
1. Assessment has been completed. (Y/N and Date)	
2. Likely reason for total coliform positives occurrence is established	
3. System has corrected the problem (Y/N and Date)	
4. Was a Extension requested and/or granted? Rationale	
5. Name of State Reviewer:	